

FILED DEC 30 1950

## STANDARD CERTIFICATE OF DEATH

42102  
State File No. 9625

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>318</b>   |  | PRIMARY REG. DIST. NO. <b>1003</b>   |  | Registrar's No. _____   |  |
| <b>1. PLACE OF DEATH</b><br>a. COUNTY _____   |  |   |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>   |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>  |  | c. LENGTH OF STAY (in this place)<br><b>1 day</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>19 TOWN Carsonville</b>   |  | <b>2199</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>De Paul Hospital</b>  |  |   |  | d. STREET ADDRESS (If rural, give location)<br><b>8700 Natural Bridge Road</b>   |  |   |  |
| <b>3. NAME OF DECEASED</b><br>(Type or Print)   |  | a. (First)<br><b>Lester</b>   |  | b. (Middle)<br><b>Christensen</b>  |  | c. (Last)<br><b>Christensen</b>   |  |
| <b>5. SEX</b><br><b>male</b>  |  | <b>6. COLOR OR RACE</b><br><b>white</b>   |  | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)<br><b>single</b>   |  | <b>8. DATE OF BIRTH</b><br><b>Sept. 16, 1911</b>                            |  |
| <b>9a. AGE</b> (In years last birthday)<br><b>39</b>  |  | <b>9b. UNDER 1 YEAR</b><br>Months _____ Days _____  |  | <b>9c. UNDER 1 YEAR</b><br>Hours _____ Min. _____  |  | <b>9d. UNDER 1 YEAR</b><br>Hours _____ Min. _____                           |  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>Aviation Engineer</b>  |  |   |  | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><b>Mo. Nat. Guard</b>  |  | <b>11. BIRTHPLACE</b> (State or foreign country)<br><b>Manning, Iowa</b>    |  |
| <b>12. CITIZEN OF WHAT COUNTRY?</b><br><b>U.S.A.</b>  |  |   |  | <b>13a. FATHER'S NAME</b><br><b>Christ S. Christensen</b>  |  |   |  |
| <b>13b. MOTHER'S MAIDEN NAME</b><br><b>Anna Anderson</b>  |  |   |  | <b>14. NAME OF HUSBAND OR WIFE</b><br><b>Mrs. E.M. Stivers - 8700 Natural Bridge</b>   |  |   |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes</b>   |  |   |  | <b>16. SOCIAL SECURITY NO.</b><br><b>NO.</b>   |  |   |  |
| <b>17. INFORMANT'S SIGNATURE OR NAME</b><br><b>Mrs. E.M. Stivers - 8700 Natural Bridge</b>  |  |   |  | <b>18. ADDRESS</b><br><b>8700 Natural Bridge</b>   |  |   |  |
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  |  |   |  | <b>MEDICAL CERTIFICATION</b><br><b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b><br><b>Myocardial Infarction</b><br><b>Coronary sclerosis</b><br><b>ANTECEDENT CAUSES</b><br><b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b><br><b>DUE TO (b)</b><br><b>DUE TO (c)</b><br><b>II. OTHER SIGNIFICANT CONDITIONS</b><br><b>Conditions contributing to the death but not related to the disease or condition causing death.</b> |  |   |  |
| <b>19a. DATE OF OPERATION</b>   |  |   |  | <b>19b. MAJOR FINDINGS OF OPERATION</b>  |  |   |  |
| <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |   |  |  |  |   |  |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)   |  | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>   |  |   |  |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Minute)<br><b>11-12</b>   |  | <b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | <b>21f. HOW DID INJURY OCCUR?</b><br><b>H201</b>   |  |   |  |
| <b>22. I hereby certify that I attended the deceased from <u>6-20</u>, 19<u>50</u>, to <u>11-12</u>, 19<u>50</u>, that I last saw the deceased alive on <u>11-12</u>, 19<u>50</u>, and that death occurred at <u>4:30 P.m.</u>, from the causes and on the date stated above.</b> |  |   |  |  |  |   |  |
| <b>23a. SIGNATURE</b><br><b>Virch V. Kelly M.D.</b>   |  |   |  | <b>23b. ADDRESS</b><br><b>539 N. Grand</b>   |  | <b>23c. DATE SIGNED</b><br><b>11/13/50</b>                                  |  |
| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><b>removal</b>  |  | <b>24b. DATE</b><br><b>11/14/50</b>   |  | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><b>Harlan, Iowa</b>   |  | <b>24d. LOCATION (City, town, or county) (State)</b><br><b>Harlan, Iowa</b> |  |
| <b>DATE REC'D BY LOCAL HEALTH DEPT.</b><br><b>NOV 13 1950</b>   |  |   |  | <b>REGISTRAR'S SIGNATURE</b><br><b>J. B. Sarsen</b>  |  |   |  |
| <b>25. FUNERAL DIRECTOR'S SIGNATURE</b><br><b>Drehmann-Harral - 1905 Union Blvd.</b>  |  |   |  | <b>ADDRESS</b><br><b>1905 Union Blvd.</b>  |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

Dr. David Flaven (2-5)  
Humboldt Bldg.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed Robert R. Thompson

Licensed Embalmer No. 42167

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.